

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002397

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 305

Primary Registration District No. 307

Registrar's No. 908

FILED FEB 13 1963

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		c. CITY OR TOWN Brookfield	
Length of stay in 1b 10 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Own Home		d. STREET ADDRESS (If outside, give location) 206 West Clayton	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sarah Middle E. Last Marks		4. DATE OF DEATH Month February Day 3 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		11. BIRTHPLACE (City and state or country) Marceline, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Holt		13b. MOTHER'S MAIDEN NAME Francis Swarigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Bill Williams,		14. NAME OF HUSBAND OR WIFE James Marks (Deceased)	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Cardiac decompensation DUE TO (c) Advanced age and generalized debility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Large esophageal diverticulum which prevented any intake of solid food for many years.		INTERVAL BETWEEN ONSET AND DEATH 76 hrs. 10 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 6:30 a.m. Month Jan. Day 17 Year 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Brookfield, Missouri	
20f. CITY, TOWN, OR LOCATION Brookfield, Missouri		COUNTY Linn STATE Missouri	
21. I attended the deceased from Jan. 17, 1963 to Feb. 3, 1963 . Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John W. White, D.O.	
22b. ADDRESS Brookfield, Missouri		22c. DATE SIGNED 2/5/63	
23a. BURIAL CREMATION, REMOVAL (Specify): Burial		23b. DATE 2-5-1963	
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) Bucklin, Missouri	
24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 5, 1963	
26. REGISTRAR'S SIGNATURE [Signature]			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0585

2 0585

3

4 1

5 2

6

7 0

8 2

9 4222

10

11

12 90-2

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by Larry D. Vobornik, Student Embalmer No. 669

working under my personal supervision.

Student Larry D. Vobornik
 Signature of Student Embalmer.

Signed E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.